

Consent for Release of Personal Records by Executive Agencies

Name of Agency: _____

To Whom It May Concern:

I have sought assistance from U. S. Congressman Steve Pearce on a matter that may require the release of information maintained by your agency, and which you may be prohibited from disseminating under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman Pearce or any authorized member of his staff until this matter is resolved.

Printed Name: _____

Nature of Inquiry: _____

(attach sheet if additional space is needed)

(Signature of Claimant)

(Date of Birth)

(Address of Claimant)

(Social Security #)

(VA Claim # if applicable)

(Telephone number for claimant. If none, indicate so and message number)

(Date)

Please return this form to:

**U. S. Congressman Steve Pearce
1717 West Second Street, Suite 100
Roswell, New Mexico 88201
505-622-0055**

**U. S. Congressman Steve Pearce
400 North Telshore, Suite E
Las Cruces, New Mexico 88011
505-522-2219**